

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 6, 2003

Re: IRO Case # M2-03-0646

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

HE patient is a 50-year-old female who slipped and fell on ___. She developed back pain which soon extended into her right hip and right leg with some paresthesia in the last three toes of the right foot. The patient also had difficulty with her wrist and hand, leading to a carpal tunnel release in January, 2002. The patient was treated with physical therapy and epidural steroid injections without significant benefit. Lumbar myelography showed multiple defects extending all the way to L1-2, with only some question of nerve root compression on the right side of S1. An MRI 9/19/01 showed central difficulties described as "herniation" at the L5-S1 level with the L3-4 and L4-5 levels showing degenerative disk disease only without significant nerve root or spinal canal compromise.

Requested Service

Lumbar fusion L3-4, L4-5, L5-s1

Decision

I agree with the carrier's decision to deny the requested multi level fusion.

Rationale

There is no evidence of instability or any spondylolisthesis that is present, which would suggest that fusion might be a source of relief. The only conceivable operative procedure that might be beneficial would be an L5-S1 exploration on the right side with S1 nerve root decompression and disk rupture removal. Even with that procedure, the possibility of nothing surgical being found is strong, since there is negative straight leg raising and only questionable deficit to pin prick in the S1 distribution on the right side. There is nothing on the patient's examination or an EMG finding that would suggest S1 nerve root compression, outside of the decreased pin prick. Both Achilles reflexes are apparently absent. If some additional reason to suspect S1 nerve root compression is present, other than that described, a procedure at L5-S1 might be helpful. A multi level fusion, however, is not indicated.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 12th day of March 2003.